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33
STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 390

Registrar's No. 626

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 1727 E. Speedway
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 Weeks In Community 3 Months in Arizona 14 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Douglas
(If outside city limits also write RURAL)
(d) Street No. 1211 E Ave. (e) Citizen of foreign country (yes or No) No
If Yes, which country _____
3. (a) FULL NAME Curtis Lamar Bond (b) If Veteran name war _____ (c) Social Security No. 526-09-7198

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 16 1916
(Month) (Day) (Year)

8. AGE: Years 27 Months 2 Days 10 If less than one day hrs. min.

9. Birthplace Wiggins Mississippi
(City, town or county) (State or Country)

10. Usual Occupation Operator

11. Industry or Business Apache Powder Co.

12. Name D.P. Bond

13. Birthplace Wiggins Mississippi
(City, town or county) (State or Country)

14. Maiden Name Fannie Hickman

15. Birthplace Wiggins Mississippi
(City, town or county) (State or Country)

16. (a) Informant's own signature Webb Bond

(b) Address 3526 E. Willard

17. (a) Burial, Cremation or Removal Removal

(b) Place Douglas Ariz. (c) Date 6-27-1943

18. (a) Embalmer's Signature Arthur J. Adair

(b) Funeral Director Williams & Cassinella

(c) Address 737 N. 6th Ave. Tucson Arizona

19. (a) June - 26-43
(Date received local Registrar)

(b) Lewis H. Howard M.D.
(Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No.

Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 26 1943
TIME (Hour and minute) 6:33 A.M.

21. I hereby certify that I attended the deceased from March 17, 1943 to June 26 1943
that I last saw him alive on 6-26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death far advanced bilateral pulmonary tuberculosis
Due to tubercle bacilli

Due to pleurisy & effusion, etc.
Other conditions 3. Secondary anemia
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: not done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Evelyn H. Watkins M.D.
Address County Sanatorium Tucson Date signed 6-26-43

DURATION

Dec. 1941

June, 1942

Feb. 1942
See note

PHYSICIAN

Underline the cause to which death should be charged statistically